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Winter 1997 Volume 4 Issue 1

Montana Responds To STD/HIV

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New Year— More Improvements!

The DPHHS STD/HIV quarterly newsletter is still undergoing changes, as you can see. New software has made it possible to create a new look that is easier on the eyes. This issue has also been expanded to include 8 more pages. This is to accomodate a new section for regional news and more extensive coverage by staff. We hope you like it.

We are also interested in expanding our mailing list, so this may be the first issue you received. If it is, it's because we added some names from other mailing lists that we maintain. If you do not wish to receive this newsletter, just contact us and we will remove you from the list.

To have your article, news or announcements considered for publication, send it by fax at 444-2920, snail mail at 1400 Broadway, Rm C305, Helena, MT 59620, or email at lfrahm@mt.gov. We look forward to hearing from you! —L. Frahm

1998 Montana AIDS Conference

The 1998 Montana AIDS Conference is set for June 2-4, 1998 in the Kalispell Cavanaugh's Inn! Montana State University will again provide support to help make the conference a success and it's time to select a planning commitee.

If you are interested in becoming involved in planning this great event, you are invited to call Linda Frahm at 444-2675 and get on the committee to help make this our best conference yet! Now is the time to be suggesting possible themes for the conference as well.

Watch for an exciting opportunity elsewhere in this publication!

1998 AIDS Conference to be held in Kalispell

A DPHHS STD/HIV Prevention Section quarterly publication

STD/HIV Prevention Staff
Sally Klein, Supervisor; Linda Frahm, Contributing Editor
Bruce Desonia, Terry Peterson, Claudia Montagne,
Helen McCaffrey, Theresa Gruby and Kathy Opie

SATELLITE VIDEO CONFERENCE TO BE HELD ON VIRAL STDs

The national network of STD/HIV Prevention Training Centers are combining resources to put on a live interactive 2 hour course on March 20, 1997 at 10am entitled, "Update on Viral STDs - HSV and HPV." (Herpes Simplex Virus and Human Papilloma Virus) It will probably be broadcast on the C band. There will be no registration charge and CEUs will be provided. The course will focus on cutting edge epidemiology, clinical aspects, diagnosis, treatment and prevention of viral STDs.

Call 444-2457 to coordinate a videoconference site in your area.

Downlinks are already set up in Butte, Bozeman, Cut Bank, Glendive, Great Falls, Hamilton, Havre, Kalispell, Miles City and Wolf Point. Registration flyers about the conference will be mailed out in January, 1997. If you are interested in coordinating the videoconference in your community, call the Montana coordinator Bruce Desonia at (406) 444-2457.

—B. Desonia

Panel to Review AZT Use During Pregnancy

New evidence that the offspring of mice given high doses of AZT during pregnancy are at risk for cancer has raised concerns among federal health officials about the use of the drug for HIV-infected pregnant women. The National Institutes of Health will thus assemble a panel of AIDS and cancer experts next week to develop guidelines on the use of AZT during pregnancy. Health officials say that for now, pregnant women infected with HIV should continue taking the drug, which has been shown to significantly reduce the transmission of HIV to infants. High doses of the drug caused cancer in baby mice, and pregnant women take much lower doses, said a spokesman for the National Institute of Allergy and Infectious Diseases. No cases of cancer have been found in the children of women who took AZT during pregnancy.

AIDS Daily Summary, 1/9/97 reprinted from the Washington Post, 1/9/97 P. A13

Prison Life Increases Risk of HIV Infection

The number of AIDS cases among inmates in US prisons is seven times higher than the rate in the general population, with more than 22 million people moving in and out of prisons and jails each year.

A recent survey of former prisoners and current inmates reveals that various consensual and nonconsensual sexual activities occur between inmates and staff. Moreover, because they do not have access to condoms, some prisoners use ineffective devices, including rubber gloves and plastic wrap, in an attempt to practice safer sex. The study also found that prisoners inject drugs with used syringes and pieces of pens and lightbulbs.

The study also found that prisoners inject drugs with used syringes and pieces of pens and lightbulbs.

The study recommends that inmates and staff participate in HIV educational programs and that prison officials consider providing condoms and clean needles to inmates anonymously.

From "HIV Frontline" Issue 25, Nov/Dec 1996.
—L. Frahm

An Exciting Opportunity! Win a Lifelong Free Pass to Montana's AIDS Conferences!

It's easy and fun! All you have to do is submit a logo design for our use on conference brochures and materials! If your design is chosen, you will never have to pay Montana AIDS conference fees again!

The design must be scalable to fit into a number of different formats, and suitable for one color printing. It must be somehow representative of Montana and of HIV/AIDS. We want this logo to be easily recognized and readily associated with our conference.

So get out your pens and paper or computer graphics programs and get started! Submissions will be accepted until June 30, 1997. You can send them in on 3.5" disk (no MacIntosh, please), by email as an attachment to lfrahm@mt.gov or by snail mail to Linda Frahm, DPHHS STD/HIV Prevention Section, 1400 Broadway, Helena, MT 59620, or drop it by our office. Please include your name, address and phone number, and any HIV/AIDS affiliation you may have.

The submissions will be reviewed and a selection made by the 1998 Conference Planning Committee and the winner will be notified no later than July 31, 1997. Good Luck!! (If you win, you can assign your free pass to someone else if you like).
—L. Frahm

1997 Montana STD/HIV Resource Directory Is Coming

The newly redesigned and updated Montana STD/HIV Resource Directory is nearing completion and will be available to the public upon request. The directory has been made into a format that is easier to use and will include a glossary, drug treatment trial info and many other features never before included. There is an expanded section for Native American and Hispanic resources as well as many new national numbers.

The directory has been reformatted. It won't be available on disk as we were hoping, due to a software problem, but this will be worked out in 1997 so that the 1998 copy will be on disk for those who prefer.

The 1997 Directory is easier to use and more compact in size

If you are interested in obtaining a copy you can request one by calling Linda Frahm at 406-444-2675, writing lfrahm@mt.gov (email) , faxing at 406-444-2920, dropping by or by using snail mail at DPHHS STD/HIV Prevention, 1400 Broadway, C305, Helena, MT 59620.

The estimated printing date will be early February of 1997. Directories will be sent out to all sites, cbos, clinics, tribes and hospitals automatically.

—L. Frahm

"Got Questions? We've Got Answers!" P.S.A.

A new public service campaign is getting underway very soon. It will be touting the new and improved STD/HIV InfoLine. The number is the same, but just about everything else is different! The scripts have been redone to be more to the point and easier to listen to. The whole system promises to be more user-friendly, which means no more trouble trying to just get the latest AIDS stats. You will no longer have to listen to 3 messages and press 3 buttons to get the stats.

The ads will be running on TCI cable stations and possibly on radio and in weekly shoppers (depending on the budget). These ads will be available for you to use locally as well. Call Linda for more information at 444-2675.

Ryan White Treatment News

By Joe Merrifield

We have received preliminary notification of what our grant award for Fiscal Year 1997 should be. The Ryan White Program award is $201,000. This figure represents an increase of $70,000 over 1996 dollars. While this is good news, the amount may still not be enough to help all Montanans currently eligible for the three services offered by the program. These include the Insurance Continuation Program, HIV CARE Consortia and the AIDS Drug Reimbursement Program.

ADRP Has Been Reorganized to Reduce the Cost of AIDS Drugs

The AIDS Drug Reimbursement Program (ADRP) has recently undergone a reorganization in an effort to obtain HIV-fighting drugs at a lower cost. Before the reorganization, the average cost of triple combination therapy was $1,100. per month, or $13,000. per year. Under the reorganized ADRP, the patient can choose to use a local retail pharmacy or a large mail order pharmace. While each option has advantages and disadvantages, the net savings to the program (which range anywhere from 6% to 14%) will allow us to serve more Montanans in the future.

Unfortunately, the savings we will gain in the reorganization of the program will not allow us to serve more Montanans right away. The program is still capped, but we are still helping people find other alternative ways to get their medications. Call Joe at 444-4744 for more information.

New Rape Prevention and Education Contracts

Historically, DPHHS has administered sexual assault contracts since the 1980's, funded through the Preventive Health and Health Services Block Grant, to be used to prevent sexual assaults and give appropriate early intervention to persons who have been assaulted. Over $90,000 in new funding, authorized through the Violence Against Women Act (part of the federal "crime bill"), has allowed the department to expand funding to the current 11 contractors: Billings, Butte, Conrad, Kalispell, Libby, Missoula, Great Falls, Lewistown, Havre and Helena. In addition, DPHHS issued a request for proposals in July 1996 and awarded contracts in Polson, Thompson Falls, Scobey, Bozeman, Hamilton and Miles City as well as a statewide contract to the Montana Coalition Against Domestic Violence. The new Montana Hotline for Domestic Violence and Sexual Assault is: 1-800-655-7867 for 24 hour information and referral. The new funding focuses on rape prevention and education as well as the following authorized services: operation of hotline; training programs for professionals; educational seminars; and preparation of informational materials. The program is administered by the DPHHS STD/HIV Section. For further information about the projects in your area, contact Sally Klein or Bruce Desonia at 444-3565.

—B. Desonia

The Hidden Epidemic: Confronting Sexually Transmitted Diseases

Sexually transmitted diseases (STDs) are hidden epidemics of tremendous health and economic consequence in the United States. They are hidden from public view because many Americans are reluctant to address sexual health issues in an open way and because of the biological and social factors associated with these diseases. In addition, the scope, impact, and consequences of STDs are under recognized by public and health care professionals.

Of the top ten most frequently reported diseases in 1995 in the United States, five are STDs. Similarly, STDs were the most frequently reported diseases in Montana during 1995. Rates of curable STDs in the United States are the highest in the developed world and are higher than in some developing regions. Approximately 12 million new cases of STDs, three million of them among teenagers occur annually. The committee estimates that the annual direct and indirect costs of selected major STDs are approximately $10 billion, or if HIV infections are included, $17 billion. Along with the human suffering associated with STDs, this cost is shared by all Americans through higher health care costs and taxes. STDs represent a growing threat to the nation's health and national action is urgently needed.

The term STD denotes the more than 25 infectious organisms that are transmitted through sexual activity, along with the dozens of clinical syndromes that they cause. The spectrum of health consequences ranges from mild acute illness to serious long-term complications such as cervical, liver, and other cancers and reproductive health problems. Women and infants bear a disproportionate burden of STD-associated complications. A variety of women's health problems, including infertility, ectopic pregnancy, and chronic pelvic pain, result from unrecognized or untreated STDs. Women are particularly vulnerable to STDs because they are more biologically susceptible to certain sexually transmitted infections than men who are more likely to have asymptomatic infections that commonly result in delayed diagnosis and treatment. Active infection with STDs during pregnancy may result in a range of serious health problems among infected infants, including severe central nervous system damage and death. Adolescents are at greatest risk of STDs because they frequently have unprotected sexual intercourse, are biologically more susceptible to infection, and are more likely to have social problems that significantly increase their risk.

STDs are difficult public health problems because of the hidden nature of these diseases. The sociocultural taboos related to sexuality are a barrier to STD prevention efforts on a number of levels. Effective STD prevention efforts also are hampered by biological characteristics of STDs, societal problems, unbalanced mass media messages, lack of awareness, fragmentation of STD-related services, inadequate training of health care professionals, inadequate health insurance coverage and access to services, and insufficient investment in STD prevention.

Although the barriers to STD prevention are formidable, STDs can be prevented by intervening at multiple points with behavioral, biomedical, and structural interventions on both individual and community levels. These and other effective interventions, however, are not being fully implemented or utilized. Because STDs are complex diseases that are associated with a variety of social issues and involve a wide spectrum of stakeholders in the community, a collaborative, multifaceted approach to STD prevention is essential.

— H. McCaffrey

Source: *The Hidden Epidemic: Confronting Sexually Transmitted Diseases*, Institute of Medicine, National Academy Press, 1997

World AIDS Day Award Ceremony A Winner!

On December 2, at the Montana Club in Helena, 8 very dedicated people garnered praise, a certificate and a special "One World, One Hope" enameled brass ornament from Governor Racicot and Dr. Peter Blouke in recognition of their exemplary work in the field of HIV/AIDS. The winners include: Mary Noel, Jeff Feathergill and Bill Malek from Helena; Fletch Wideman and Capt. Robert Shields of Great Falls; Dianne Kimball of Butte; Sheri Clark of Polson and Carl Donovan of Black Eagle.

A special award of recognition went to members of the Governor's AIDS Advisory Council, who have been working hard on HIV/AIDS-related issues for 2 years. Members include: David Herrera, David Rice (Co-Chairs), Dr. Connie O'Conner, Dr. Betsy Olberding, Rev. Paul Goodman, Rita Munzenrider, Terri Dunn, Fr. Greg Smith, Verbena Savior, Steve Bennetts, Frank Gary, Terry Cyr, Pam Bragg, Rep. John Bohlinger and Alison James.

The acceptance speeches were especially poignant this year. Jeff Feathergill, Psy.D, said that he was very humbled by the award but continued, "Receiving this award, however, is a bittersweet experience. While we have made progress, there are still many challenges facing us in our work of HIV prevention directed to gay and bisexual men. In the face of ongoing losses, oppression and discrimination, gay and bisexual men continue to be the largest segment, about 70%, of those in Montana who become infected with HIV and develop AIDS." He went on to implore DPHHS and OPI to seek resolution by continuing the work to improve prevention methods and to protect the lives of the gay/bisexual population.

Fletch Wideman said , "Those persons who are in, or have been through the HIV/AIDS 'dark passage' can give us a glimpse, not only of what it is like to become whole, but of what it is to be fully human. Acceptance of these persons would bring much healing to them and to us. "

Carl Donovan stated, "As I stand here, however, I am struck by the oddity of being recognized for 'social work' and 'client advocacy' in relationship to a *communicable disease.*I know that my most important contribution in the efforts to curb the spread of HIV have come from activities that are the least popular to public health." He went on to say how much the award meant to him.

All the recipients gave eloquent speeches and the audience appeared touched by each one. This was truly an award ceremony to remember. Congratulations again to the award recipients.

REMINDER:
The next AIDS Review Panel Meeting is Feb. 20, 1997
Please submit your materials no later than Feb. 6.

Montana Resident and Non-Resident AIDS Cases
Definitive & Presumptive AIDS Cases Year End Surveillance Report—1996
(Acquired Immunodeficiency Syndrome)

MT AIDS TOTALS

As of December 31, 1996:
Total AIDS Cases Reported in Montana since 1985: **328**
Males: **297** Females: **31**
Total AIDS Deaths Reported in Montana since 1985: **201**

Total AIDS Cases Reported in Montana in 1996: **46**

37 of Montana's 56 counties have reported at least one AIDS case.

By Age

There are **4** cases in children 0-5 years old.
There are no cases in children, 5-12.
There are **2** cases in teens, 13-19.
There are **74** cases in adults, 20-29.
There are **154** cases in adults, 30-39.
There are **59** cases in adults, 40-49.
There are **35** cases in adults, over 49.

By Ethnicity

Of the AIDS cases reported in people:
287 were of Caucasian desent.
7 were of African-American desent.
9 were of Hispanic desent.
21 were of Native American desent.

By Reported Transmission Mode

191 Men who have sex with men (MSM) **59%**
33 MSM who use injection drugs (MSM-IDU) **10%**
33 Injection drug users **10%**
7 Hemophiliacs **2%**
28 Heterosexual Sexual Contact **9%**
8 Blood/Blood Product Recipients **2%**
24 None of the above/Other **7%**
(indicates that no followup could be done or that no risk was documented.)

As of Dec. 31, 1996 there have been 525 positive HIV tests from 94,507 tests conducted through the DPHHS Public Health Laboratory since 1985. 41 of 15,801 speciments submitted since January of 1996 have tested positive. Due to anonymous HIV testing, the cumulative number of HIV + tests may contain duplicates.
Nationally, as of November 30, 1996, the number of AIDS cases reported to the CDC are 576,800.

Other Sexually Transmitted Diseases

STD statistics were not available at the time of printing, we are sorry for any inconvenience this may cause.
NOTE: We realize the stats are not lined up correctly in some spots and some are bolded and some are not . We are using a new software program and haven't quite worked out these bugs. We apologize and will have them fixed by the next issue. If

Source: MT DPHHS. Please contact Jim Murphy at 444-0274 if you have questions, need more details or wish to make a disease report.

BUTTE -- In honor of World AIDS Day, Butte AIDS Support Services (BASS) held an essay contest for students. They were very pleased with the quality of work produced by these talented young people. We were so impressed that we decided to share them with you. Thanks to Frank Gary and Dianne Kimball for submitting them to us. Just a reminder, these essays have been copyrighted by BASS and we have used them with permission. The essays are presented unedited, exactly as written by the students.

FIRST PRIZE - Nick Hadnagy, Central Junior High, 8th grade.

One World One Hope *Aids, How Can We Help?*

What can we do to help people with AIDS? The first thing we can do is stop being afraid of them. We must educate ourselves about the disease so that we don't fear people who have it. We need to treat these people with compassion so they don't feel alone.

Many families of aids victims live in silence. They fear people's attitudes about drug use and sexuality and experience feelings of guilt, shame and embarrassment. If we don't judge people, perhaps they will feel more willing to talk about their fears. Then it would help them with the pain they are feeling. We need to remember that aids is a world wide epidemic. It could happen in anybody's family. Put yourself in their shoes.

Some of the things we can do for a person who has aids is to sit next to them, shake their hand, hug them, listen to them, tell them you care and want to help to make it easier. Just knowing that someone cares makes everyone feel better.

You have made a difference.

Rudy Hill died in 1992 but he left us with these words. "I believe that for everything bad that AIDS has brought us, there is just as much good. AIDS has helped me heal some of my relationships...I take time to love myself. Also I ask for help when I need it. I've learned that it's strong to ask for help and it's weak not to..AIDS is crossing all the lines and bringing different religions and races closer together. I feel more like I belong to the world than I ever have in my life."

So, let's reach out and give support, love and caring to people with AIDS and their families. Lets not judge and lets not be afraid.

FIRST PRIZE -- Carolyn Jaquez, Central High School, 11th Grade.

Acquired Immune Defiency Syndrome and how it affected me!

I am 17 years old and I have already been affected by A.I.D.S. twice in my life. The first time was the middle of my sophmore year, I found out that my sister Cindy's dad was diagnosed with having H.I.V. It was hard for us to deal with the two aspects of learning of his homosexual lifestyle and then the emotional ride of dealing with his illness. As soon as we had gotten used to the idea of Scott being sick and my sister actually talking openly about it, we learned that it had developed into the A.I.D.S. virus and then we all started to worry about his death coming sooner than we expected. None of us knew how to handle this illness especially my sister.

As time went on we were all worried about Scott and we prayed for him everyday. Praying helped Cindy to deal with the fact her dad was dying a little each day. It wasn't just Scott, it was a little of each of us not knowing how he was. See Scott lives in Idaho and we are living in Montana, so it was hard for us to have information on his condition. Months went by and we heard nothing. We were starting to grow fearful of the worst but always praying that the best would happen. Then one day we got a phone call from Scott, he said that he was doing fine and that he didn't even feel sick anymore. We were all so happy that we agreed that we would keep in touch all the time so we could always let him know that we care about him.

The second way that I have been affected was

continued on pg 10

when a friend of mine found out that she is H.I.V. postitive. That had a really big affect on me as well, see she is still sexually active. She doesn't use protection and doesn't care if she spreads the disease or not. That hurt me a lot and that ruined our friendship. The fact that she doesn't care about the people she hurts, makes me angry, sad and frustrated.

By setting a good example, I hope this will convey a message beyond the hurt.

SECOND PRIZE -- Oliver Weidenmueller, Butte Central H.S. German Exhange Student, 11th Grade.

AIDS--Do we really know what it means?

We know what AIDS does. We know how to get AIDS. We know that there's little to do against it.

But do we really know what it mans to have AIDS? Do we realize that it's more than a physical disease? Do we realize that the biggest thing that hurts people with AIDS is that we isolate them, that we mark them, not visibly, but by telling them they are no longer human, no longer part of our society and we don't want to have them. Do not most of us wish that we wouldn't hear about the pain of people who have AIDS? Do not most of us ignore the reality?

AIDS is real. AIDS is here. It is present in the world, in every continent, in every country, in every city. There are white, black, female, male, small, tall, fat, thin people with AIDS, homosexual and straight. And all these people we work with, people who serve our country.

If you have AIDS, it means that you have a terrible disease. But it doesn not mean that you are not any longer a member of our society! People with AIDS are not worse than you or me. We're not allowed to isolate them, to push them into a small black cage on which is written AIDS, alone, and leave them for themselves. We have to help them.

We have to show them that they're needed, that they have a responsibility in this world. We have to show them that we love them, because they need our love. We have to show them that we respect them, because they need our respect. Every one of us has to treat them like humans, like we want to be treated. That's our only change against AIDS, our only hope!

GRAND PRIZE WINNER -- Erin Lynch, Butte Central High School, 11th grade.

AIDS is the world wide disease. Almost everyone knows a mother, father, sister, brother, niece, nephew, cousin, neighbor, aunt, uncle, loved one or a friend that has in some way or another been touched by this disease.

AIDS is a disease that reaches every one of the fifty states. AIDS knows no boundaries. AIDS doesn't care if you are black or white, gay or straight, male or female; AIDS only knows death. AIDS doesn't see color or social status. AIDS doesn't care if you just got a big promotion, or just bought your first house for you to raise your family in someday. AIDS doesn't acknowledge that you only have one more year of school left, or that you are finally ready to retire with your grandchildren. AIDS ignores the fact that maybe one day you had hopes and dreams of really making it big, of really trying to be someone.

AIDS is one of the saddest diseases that I have ever heard about. AIDS rips apart families without ever looking back. AIDS is the one who so permanently sends away people's children for fear of not understanding. AIDS is the one who lets others so unfairly whisper and point behind your back while comparing you to likes of a monster. AIDS never quits. Day or night, it is absolutely relentless.

But AIDS also teaches us many vaulable, hard learned lessons. Never before have so many different people bonded together for such a back yard cause. AIDS has taught us the importance of living life to its irreproachable boundaries, treating everyone as a someone, and letting in the age-old lesson of forgiveness.

I feel that AIDS is one of the most difficult times that our world must struggle through. But I have total confidence that we will prevail, and more importantly, with knowledge, humanity and a smile on our faces.

The excellent and heartfelt essays on the previous pages are a great example of what young people can do when given a challenge. Having a World AIDS Day essay contest is an effective way to get them thinking about HIV/AIDS and to role model to other kids. It's also a great learning experience for both the writer and his or her family. It may get a family talking about HIV, risk and staying safe. Wouldn't that be great?

If you are interested in doing a similar activity in your area, please contact Frank Gary or Dianne Kimball at Butte AIDS Support Services, 496-6125, they would be glad to help.

—L.Frahm

Got questions?
We've got answers!

MT STD/HIV InfoLine
1-800-233-6668

For information & referral.

To change your address...make a comment or suggestion...Just Email us! **lfrahm@mt.gov** will connect you to the editor. Or call 444-2675. You can reach any STD/HIV staff person by email by writing their first initial and last name@mt.gov through email, as **bolded** above.

The Montana Dept. of Public Health & Human Services attempts to provide reasonable accomodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For more information, call (406)444-3565 or 1-800-233-6668.

900 copies of this public document were published at an estimated cost of 86¢ per copy, for a total cost of $774.00, which includes $774.00 for printing and $.00 for distribution. Funded 100% with federal dollars provided through the CDC.

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Spring, 1997 Volume 4 Issue 2

Montana Responds To STD/HIV

Experience the AIDS Memorial Quilt in Bozeman

The NAMES Project AIDS Memorial Quilt will be on display in Bozeman April 24 through April 27th. It will be displayed in the MSU Field House. The quilt is being brought to Bozeman by the Five Rivers Chapter of the American Red Cross, the Southern Montana HIV-AIDS Coalition, Bridger Clinic, MSU and through community donations.

The local display will feature 904 panels, each 3' x6' panel commemorating the life of someone who has died of AIDS. There will be panels of people from the Northwest states, including Montana. Panels are made by friends and family members and include a wide variety of materials from leather to tee shirts to teddy bears to photographs. Seeing the quilt is a life changing experience, it puts a face on the scope of AIDS. It is educational and moving, we recommend you visit it. The entire quilt was displayed in Washington DC last year and took up the entire mall between the capitol building and the Washington monument. It is as large as 15 city blocks now and growing. More than 70,000 names are commemorated so far.

The quilt site will be accepting new panels. Call Jane Quinn at 587-8216 for the details on size and construction requirements. New panels will be dedicated in a special ceremony on April 26th at 2pm.

A DPHHS STD/HIV Prevention Section quarterly publication

STD/HIV Prevention Staff
Sally Klein, Supervisor; Linda Frahm, Contributing Editor
Bruce Desonia, Terry Peterson, Joe Merrifield, Claudia Montagne, Helen McCaffrey, Theresa Gruby and Kathy Opie

More AIDS Cases Seen in People Over Age 50

While the AIDS epidemic in people over the age of 50 has been largely overlooked, a sharp rise in the number of AIDS cases in this population has prompted the creation of conferences and support groups for older patients. Almost 7,000 AIDS cases were reported among people over 50 last year, representing 11 percent of all new cases in the United States. In New York, for example, people over 50 accounted for 15 percent of all new cases, up from 8 percent in the early 1980s. the AIDS crisis is complicated in this population, because doctors often overlook AIDS as a possibility in older patients or are hesitant to broach the subject, and the patients are just as reluctant to discuss their personal lives. Patient advocates attempting to reach out to older people at risk for AIDS have met with frustration as members of this population are often unwilling to accept condoms, counseling and HIV testing. However, signs of change include conferences of AIDS and aging, a task force on the subject, AIDS education videos for older people and support groups for older people with AIDS. (Note: Montana has 35 or 10% of AIDS cases in the 'over 49' category). CDC AIDS Daily Summary 3 /18/97.

Doctors often overlook AIDS as a possibility in older patients.

Tell Us Your Regional News

This issue is not as large as the last one, due in part to a lack of regional news. If your area is doing something you would like to share, the newsletter is a great way to get the news out. More than 800 copies are sent all over Montana (and some to other state's AIDS programs), your activities may spark another region or tribal nation to try something they had never tried before. Deadline for the next issue is July 1.

Share your successes, your community activities and your innovative ideas for HIV/STD prevention. You never know who you may inspire. Submit your articles to Linda Frahm. Let Montana know how much you are doing out there!

Start planning now for
National HIV Testing Day!
June 26, 1997

DPHHS & Red Cross Team Up to Teach HIV 104 Fundamentals

DPHHS and the Five Rivers Chapter of the American Red Cross are teaming up to provide the fundamentals of HIV/AIDS in a certification class called "HIV 104. This class will not only provide students with an in depth look at HIV/AIDS, but will also teach them the basics of teaching others. Successful completion of this class certifies the students to teach HIV/AIDS around the state and to train other trainers.

Ultimately, this course will allow DPHHS and the Red Cross to build their bases of HIV/AIDS educators and to provide better coverage of the state. The course is an intensive 3 day learning experience that includes many opportunities to practice teaching and to build skills.

There will be another HIV 104 class offered in the fall over on the eastern side of the state

The first class was held April 10, 11 and 12th in Helena. There are plans to hold another in the eastern part of the state in the fall. For more information on how you can participate, please call Ellen Noble at 587-4611 (Red Cross) or Linda Frahm at 444-2675 (DPHHS).

SUBMIT YOUR MT. AIDS CONFERENCE LOGO TODAY AND WIN A FREE PASS!

Time is running out! The deadline for submitting your ideas for the Montana AIDS Conference logo is June 30th. Get out your pencils, crayons, paints or computer programs and send in your best idea. Your reward if your design is picked? A lifelong free pass to all our future Montana AIDS Conferences!

The design must be scalable to fit into a number of different formats, and suitable for one color printing. It must be somehow representative of Montana and of HIV/AIDS. We want this logo to be easily recognized and readily associated with our conference.

Submissions will be accepted until June 30, 1997. You can send them in on 3.5" disk (no MacIntosh, please), by email as an attachment to lfrahm@mt.gov or by snail mail to Linda Frahm, DPHHS STD/HIV Prevention Section, 1400 Broadway, Helena, MT 59620, or drop it by our office. Please include your name, address and phone number, and any HIV/AIDS affiliation you may have.

The submissions will be reviewed and a selection made by the 1998 Conference Planning Committee and the winner will be notified no later than July 31, 1997. Good Luck!! (If you win, you can assign your free pass to someone else if you like).

Chlamydia Prevention & Control Plan is Revised

The DPHHS Chlamydia Prevention and Control Plan, first printed in October 1995, included information on the clinical spectrum of disease, surveillance, epidemiology, prevention strategies, screening guidelines, lab testing, treatments, patient education, sex partner evaluation and other resources. It has recently been revised to include additional information about national and state epidemiology, a new section on sexual assault, new laboratory information, and additional resources, information and references . The plan is intended for use by clinicians and public health educators in the state.

The new revised edition will be distributed in May

The new edition of the plan will be distributed in May,1997 to STD and family planning clinics, county health departments, college health services, job corp centers, Indian Health Service, tribal and Indian urban clinics. If you have not received a copy by May 31 and desire one, please call 444-3565 or write the STD/HIV Section. -Bruce Desonia

DPHHS PROMOTES STD AWARENESS MONTH

April is STD Awareness month and DPHHS has bought 2 for 1 airtime on TCI Cablevision stations to run the 'STDs: Know What You're Up Against' campaign for 4 weeks. These 30 second spots are the ones that ran last year and remain a staple in our PSA collection. There was a lot of good reaction to the campaign last year and we hope to get the same results this year.

In addition to the PSA campaign. DPHHS will also have a display at the Capital rotunda as part of 'Public Health Week' April 7-11. The display will be covering both STDs and HIV. The legislature will still be in session then so we hope both legislators and the public will come by and pick up informational materials.

HIV Exposure to Health Care Workers

We have received a lot of calls lately about health care workers and exposure to HIV. The following is excerpted from Vol 45, No 22 MMWR dated June 7, 1996 and is the CDC's latest recommendations concerning health care workers.

Factors that increase the risk of seroconversion brought on by a blood exposure to a health care worker are:

1. Quantity of blood involved, and the nature of the exposure. This gives hollow bore needles a much higher risk over surgical needles and gives scalpel wounds a higher risk than surgical needle punctures.

It is crucial to begin prophylaxis as soon as possible after an exposure.

2. Viral load of the infected patient. Patients with high levels of virus in their body are much more likely to infect another person. Late stage AIDS patients and recently infected individuals (infected within the last three months), have high viral loads.

If a suspected exposure occurs, the infection control specialist, or OSHA representative should be contacted to evaluate risk. Risk from an occupational exposure must be assessed on its individual factors. CDC recommendation for prophylaxis for health care workers who experience an exposure event are:

1. If exposure ia associated with the highest risk for tranmission, prophylaxis should begin **within hours,** and should consist of two RT inhibitors (AZT and 3TC) at minimum, and possibly a protease inhibitor.

2. The health care worker should begin an antibody testing regime. The CDC recommends a test at 6 weeks, and follow up tests at 3 months and 6 months. Watch for acute HIV illness or seroconversion illness (moderate flu-like symptoms) within the first six months.

Editor's note: We know that health care exposure can be under-reported by health care workers who fear consequences, but workers must be encouraged to come forward with the information so that they can begin treatment immediately if they need it. It can literally make the difference between successfully protecting yourself and becoming HIV infected. —lf

Montana Resident and Non-Resident AIDS Cases
Definitive & Presumptive AIDS Cases To February 28, 1997
(Acquired Immunodeficiency Syndrome)

MT AIDS TOTALS

As of December 31, 1996:
Total AIDS Cases Reported in Montana since 1985: 334
Males: 303 Females: 31
Total AIDS Deaths Reported in Montana since 1985: 202

Total AIDS Cases Reported in Montana in 1997: 6

37 of Montana's 56 counties have reported at least one AIDS case.

By Age

There are 4 cases in children 0-5 years old.
There are no cases in children, 5-12.
There are 2 cases in teens, 13-19.
There are 78 cases in adults, 20-29.
There are 154 cases in adults, 30-39.
There are 61 cases in adults, 40-49.
There are 35 cases in adults, over 49.

By Ethnicity

Of the 334 AIDS cases reported:
295 were of Caucasian desent.
7 were of African-American desent.
9 were of Hispanic desent.
21 were of Native American desent.

By Reported Transmission Mode

194 Men who have sex with men (MSM) 59%
33 MSM who use injection drugs (MSM-IDU) 10%
34 Injection drug users 10%
7 Hemophiliacs 2%
28 Heterosexual Sexual Contact 8%
8 Blood/Blood Product Recipients 2%
26 None of the above/Other 8%
(indicates that no followup could be done or that no risk was documented.)

As of Dec. 31, 1996 there have been 537 positive HIV tests from 98,045 tests conducted through the DPHHS Public Health Laboratory since 1985. 7 of 2,425 specimens submitted since January of 1997 have tested positive Due to anonymous HIV testing, the cumulative number of HIV + tests may contain duplicates.
Nationally, as of January 31, 1997, the number of AIDS cases reported to the CDC are 586,294.

Other Sexually Transmitted Diseases

The year end totals for S.T.D.s reported in Montana are as follows:

	CHLAMYDIA	SYPHILIS	GONORRHEA
1996	1,219	4	38
1995	1,220	19	69
1994	1,433	9	87

Source Terry Peterson

Source MT DPHHS. Please contact Jim Murphy at 444-0274 if you have questions, need more details or wish to make a disease report

Did you know.....?

- ❑ That 1 of every 250 Americans have HIV?
- ❑ That babies can get all the way through gestation and birth HIV-uninfected and then become infected through nursing from its HIV-infected mom?
- ❑ That having an STD greatly enhances your chances of becoming infected with HIV if you put yourself at risk?

Got questions?
We've got answers!

MT STD/HIV InfoLine
1-800-233-6668

For information & referral.

To change your address...make a comment or suggestion...Just Email us! **lfrahm@mt.gov** will connect you to the editor. Or call 444-2675. You can reach any STD/HIV staff person by email by writing their first initial and last name@mt.gov through email, as **bolded** above or by calling 444-3565.

The Montana Dept. of Public Health & Human Services attempts to provide reasonable accomodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For more information, call (406)444-3565 or 1-800-233-6668.

850 copies of this public document were published at an estimated cost of 64c per copy, for a total estimated cost of $544, which includes $394 for printing and $150 for distribution. Funded 100% with federal dollars provided through the Centers for Disease Control & Prevention (CDC).

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Department of Public Health & Human Services

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APRIL IS S.T.D. AWARENESS MONTH!

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Summer, 1997 Volume 4 Issue 3

Montana Responds To STD/HIV

MT AIDS Conference set for 1998!

We are pleased to announce that the preliminary arrangements have been put in place for the 1998 AIDS Conference. It will be held in Kalispell at Cavanaugh's from June 2-4, 1998. A portion of the AIDS quilt will be there and this year's theme is: "HIV in Montana: Weaving Threads of Hope". There will be a silient auction to benefit HIV+ and AIDS clients who need access to HIV - related medications. Every dollar will go to those who are in need. So, be thinking about donating to the auction, we will accept anything except alcoholic beverages. Local businesses are great places to get donation items.

This conference will cover the broad specturm of HIV/AIDS. There will be workshops and institutes for every target group as well as counseling, testing and treatment providers and people living with HIV/AIDS. We hope this conference will be the best ever! Watch for more information in the next newsletter.-L. Frahm

Video Conference Scheduled

The National Network of STD/HIV Prevention Training Centers is sponsoring a live interactive satellite broadcast for clinicians on "Caring for Adolescents with STDs" on October 9, 1997 from 10am-1:30pm MDT. Topics will include the biological/psychosocial aspects of adolescent development and its influence on sexuality and behavior; performing a comprehensive and productive interview/sexual history; effective comunication/management techniques; unique aspects of exam and lab testing issues. The faculty includes 8 physicians from around the country.

Letters of invitation to provide local downlinking have been sent to counties with STD or HIV clinics as well as to tribal and Indian Health Services. There will be no registration charge to participants or for the broadcast over the C and KU bands. If you are interested or have any questions, please call the state coordinator for this training, Bruce Desonia at 444-2457. Registration flyers will be sent out in the fall. —B. Desonia

Published quarterly by the STD/HIV Prevention Section.

STD/HIV Prevention Section Staff
Sally Klein, Supervisor; Linda Frahm, Contributing Editor; Bruce Desonia, Terry Peterson, Joe Merrifield, Claudia Montagne, Helen McCaffrey, Theresa Gruby and Kathy Cook.

Chlamydia Testing and Treatment Could Protect Millions—*Epidemic Takes its Greatest Toll on Young Women*

Testing and treatment for chlamydia, one of the most common and serious sexually transmitted diseases (STDs), could protect millions of women from the severe consequences of this disease, according to the Centers for Disease Control and Prevention (CDC). In just 2-1/2 years, chlamydia testing and treatment programs in the mid-Atlantic and mountain regions have contributed to a 16- to 31-percent decline in chlamydia among women under age 20. These findings reinforce those of an earlier chlamydia testing and treatment demonstration project launched in the Pacific Northwest, which showed a 65-percent decrease over a longer period, from 1988 to 1995. In Montana Family Planning clinics, the Department of Public Health and Human Services (DPHHS) supported chlamydia screening. Treatment has contributed to a descrease in the prevalence of chlamydia from 6.8 percent in 1988 to 1.8 percent in 1997.

"Chlamydia testing is critical because it usually has no symptoms..."

In 1995, chlamydia was the most commonly reported infectious disease in the nation, with nearly 500,000 cases reported to CDC. This is an underestimation of the actual number of cases, because most cases are never diagnosed, largely because chlamydia usually has no symptoms and testing is limited. Researchers estimate the actual number of new cases annually in the U.S. to be close to 4 million, with as many as half occurring among women ages 15 to 19.

"Chlamydia testing is critical because it usually has no symptoms, it takes it greatest toll on sexually active adolescents and young adults, and it frequently has severe, costly effects on reproductive health," said Judith Wasserheit, M.D., M.P.H., Director of CDC's Division of STD Prevention. Once diagnosed, chlamydia can be easily treated and cured with antibiotics.

Up to 40 percent of women with untreated chlamydia will develop pelvic inflammatory disease (PID); of those women, 1 in 5 will become infertile, and almost 1 in 10 will have a tubal pregnancy, which can be fatal. In addition, women infected with chlamydia have a three-to-five-fold increased risk of acquiring HIV, if exposed. Pregnant women also can pass chlamydia on to their newborns.

According to Wasserheit, CDC recommends chlamydia testing every year for all sexually active women under age 20 and women who are pregnant. Women over 20 who have risk factors for the disease (e.g., those who have new or multiple partners and do not use condoms) should also be tested every year.

"Chlamydia testing and treatment should be a standard of care for sexually active adolescents and young adults," said Wasserheit. "Providers must make this a routine part of preventive health care for at-risk patients, and sexually active adolescents and young adults should discuss chlamydia testing with their providers."

The annual cost of chlamydia and its consequences in the U.S. is more than $2 billion. According to CDC, nationwide testing for chlamydia could result in a savings of $12 for every dollar spent on prevention.

Source: Centers for Disease Control and the Montana Department of Public Health and Human Services.

—Helen McCaffrey

On the Road in Montana...

Terry Peterson, Kate Parrish (our summer intern) and I embarked on a mission to reach all of Montana's reservations before September 1. So far, we have visited everyone except the Blackfoot and Rocky Boy reservations. Those reservations will be visited sometime in August.

The tour was planned because the HIV/STD section wanted to build up our relationships with the tribes and learn from them. We know that the best way to learn from others is to meet face to face. We went out with boxes of condoms, InfoLine magnets and stickers and lots of other HIV/STD-related materials. We wanted to let everyone we visited see the resources that were available to them, to learn from their experiences, and to offer any assistance we could to help them do their important HIV/AIDS work.

Many of the tribes are planning or doing great HIV/AIDS awareness projects around the state.

We taught a 2 day HIV/STD class for the Ft. Peck Community College to 130 students . To see so much interest and participation in the classes was very moving. The Salish Kootenai people are working on a Native American P.S.A. that all the tribes will be able to use. The Northern Cheyenne and the Crow people are thinking about designing posters for HIV awareness. Terry taught STD protocals to health care personnel at Ft. Belknap and Ft. Peck. We were pleased to see how much everyone is doing, and thankful for the opportunity to learn from everyone we met. The whole trip let us experience the beauty of Montana and its diverse communities. Thanks to all of you who so warmly shared your successes and challenges with us.

—L. Frahm

HIV Post Exposure Prophylaxis Registry

The Centers for Disease Control (CDC) has published recommendations for the management of occupational exposure to HIV of health care workers. The CDC has developed very specific recommendations for evaluating the risk of, and treatment for, exposure to HIV.

The recommendations specifically address percutaneous and mucous membrane exposures; and when and what anti-retrovirals have to offer. For an educational packet, call toll free 1-888-737-4448 and ask for the HIV PEP registry packet.

—J. Merrifield

If the Condom Breaks

Among the topics to be discussed at the August special meeting of AIDS experts at the Centers for Disease Control and Prevention are the so-called "morning-after" treatment and the effects it could have on combating AIDS. The therapy involves the use of potent anti-HIV drugs, including protease inhibitors, in an attempt to fight possible infection immediately after exposure. Physicians who have used the treatment for hospital workers who were accidently pricked with HIV-contaminated needles reportedly have been able to cut the risk of infection dut to needlesticks from up to one in 200 to one in 1,000.

Morning-after treatment involves the use of potent anti-HIV drugs...

However, critics say that many individuals may not be able to handle the grueling 6 week regimen of up to 20 pills per day. "You don't want to give the virus a chance to mutate," notes Brown University's Dr. Kenneth Mayer. "That's a potential nightmare." Another complaint is that morning-after therapy could eventually be considered an alternative to safer sex. Some physicians are making it clear to their patients that they will not prescribe combination drugs repeatedly.

Time (06/23/97) Vol. 149, No. 25, P. 48; Gorman, Christine

4th Western Regional Conference on HIV, AIDS & Women

Announcements were received regarding this important conference. It will be held September 25-28 at the La Jolla Marriot near San Diego California. The conference is being sponsored by the University of California San Diego . AIDS, Medicine & Miralcles will hold a one day institute in conjunction with the conference on Wednesday, September 24th from 9-5 athe the La Jolla Marriott. Their presentation is entitled "What Holds Promise".

The program looks interesting and deals with all the subjects that relate to women and HIV, including legal issues, family issues, incarcerated women, medical treatments and updates and much more. There are also classes available in Spanish on the 26th and 27th. For a form and info, call 619-534-3940.

HIV Treatment Guidelines are Announced!

The National Institute of Health (NIH) has released the draft copy of Principles Of Therapy of HIV Infection. 1996 brought the widespread use of a new class of HIV drugs--protease inhibitors and triple combination therapy. Along with these drugs came confusion as to 1) How to use them, 2) When to start them and 3) When to change therapy. In addition, these drugs come with very specific instructions for taking them, i.e without food, before meals, during meals, after meals. The Principles addresses basic HIV Infection, such as the use of CD4 and viral load measurements, disease progression, use of anti-HIV drugs including optimum schedules and dosages, limitations of anti-HIV drugs, women's issues, children and HIV infection and much more. The Principles state the scientific background for all recommendations made.

1996 brought the widespread use of a new class of HIV drugs...

In addition to the Principles Of Therapy of HIV Infection, the federal Dept of Health and Human Services has released a compendium to the Principles entitled Guidelines for the Use of Anti-Retroviral Agents. These guidelines were put together by a panel of leading HIV physicians and researchers. The guidelines address specific considerations for initiating therapy for: 1) Asymptomatic patients, 2) Symptomatic patients and 3) Advance stage patients. The guidelines go on to discuss interruption of therapy, considerations for changing a failing regimen, criteria for changing therapy, acute HIV infection and treatment, and treatment for pregnant women.

If you would like a copy the these recommendations, contact Joe Merrifield at 444-4744.

7,000 people are infected with HIV every day, worldwide.

5,000 of them through unprotected sex.

2,000 through dirty needles.

—World Health Organization Fact

Montana AIDS Cases as of June 30, 1997

(Acquired Immunodeficiency Syndrome)

Montana AIDS Case Totals

As of June 30, 1997:

Total AIDS Cases Reported in Montana since 1985: 348

Males: 317 Females: 31

Total AIDS Deaths Reported in Montana since 1985: 204

AIDS Cases Reported During 1997 as of June 30, 1997: 20

38 of Montana's 56 counties have reported at least one AIDS case.

By Age

AGE GROUP	NO.	PERCENTAGE
Under 5	4	1%
5-12	0	0%
13-19	2	1%
20-29	78	22%
30-39	163	47%
40-49	64	18%
Over 49	37	11%
TOTAL	**348**	**100%**

By Ethnicity

308 of Caucasian descent (89%).
24 of Native American descent (7%).
7 of African-American descent (2%).
9 of Hispanic descent (3%).
348 TOTAL

By Reported Transmission Mode

204	Men who have sex with men (MSM) (59%).
33	MSM who use injection drugs (MSM-IDU) (10%).
36	Injection drug users (10%).
9	Hemophiliacs (2%).
28	Heterosexual Sexual Contact (8%).
8	Blood/Blood Product Recipients (2%).
4	Pediatric (Children born to mothers with HIV)
26	None of the above/Other (8%). (indicates that no followup could be done or that
TOTAL 348	no risk was documented.)

As of June 30, 1997 there have been 569 positive HIV tests from 102,527 tests conducted through the DPHHS Public Health Laboratory since 1985. There have been 19 new HIV + tests so far in 1997. Due to anonymous HIV testing, the cumulative number of HIV + tests may contain duplicates.

Nationally, as of May 31, 1997, the number of AIDS cases reported to the CDC are 606,747.

Other Sexually Transmitted Diseases

The year end totals for S.T.D.s reported in Montana are as follows:

	CHLAMYDIA	SYPHILIS	GONORRHEA
1997 to 6/30	601	2	27
1996	1,219	4	38
1995	1,220	19	69

Source: Terry Peterson

Source: MT DPHHS. Please contact Jim Murphy at 444-0274 if you have questions, need more details or wish to make a disease report.

Did you know.....?

- ❑ That in June, Montana added another county to the list of counties that have reported AIDS?
- ❑ That HIV+ women who smoke during pregnancy are more likely to transmit HIV to their babies?
- ❑ About the HIV website **http://hivinsite.ucsf.edu**? It's new! You can find just about anything related to HIV or AIDS there. We recommend it highly.

MT STD/HIV InfoLine
1-800-233-6668

For information & referral,
8-5, weekdays.

24 hour help—National AIDS Hotline
1-800-342-AIDS

To change your address...make a comment or suggestion...Just Email us! **lfrahm@mt.gov** will connect you to the editor. Or call 444-2675. You can reach any STD/HIV staff person by email by writing their first initial and last name@mt.gov through email, as **bolded** above or by calling 444-3565.

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Fall, 1997 Volume 4 Issue 4

Montana Responds To STD/HIV

MT AIDS Conference Books 3 Experts for June, 1998

The Montana AIDS Conference is coming together! The committee has firmed up Dr. Paul Volberding, the Medical Director of San Francisco General Hospital's AIDS units, Martin Delaney, the Executive Director of Project Inform and Judith Billings, former Superintendent of Schools in Washington State , for our conference.

Dr. Volberding specializes in AIDS care and treatment. He has been a pioneer on the front lines of the AIDS pandemic since it began. He is involved in research and cutting edge treatment issues.

Martin Delaney is a conference favorite. He will return to fill us in on the latest trends and information about HIV/AIDS. He has also been a pioneer of HIV/AIDS since the beginning and through Project Inform, is in the forefront of providing prevention and treatment information to the world.

Judith Billings is an HIV+ woman from Kalispell who brought national attention to HIV when she announced that she became infected in rather unusual circumstances. She is a dynamic and powerful voice in legislative issues and prevention. The conference runs June 2-4, 1998 in Kalispell at the Outlaw Inn, so plan ahead. Datesavers will come out in March.

WORLD AIDS DAY - DECEMBER 1

Remember, World AIDS Day is coming up! This year's theme is "Give Children Hope in a World with AIDS." This should lend itself to all kinds of different activities in your community. Involving children in World AIDS Day helps them to understand that this is something we all share .

It's important to take this one day and try to involve your community in recognition of all the people lost to AIDS around the world. In Montana, there have been ecumenical services, activities, poster and essay contests, giveaways, special award ceremonies, interviews and many other activities designed to bring awareness to HIV/AIDS.

Don't miss your opportunity! World AIDS Day can be a great day of healing. Do something special to take care of yourself and then reach out to others.

Published quarterly by the STD/HIV Prevention Section.

STD/HIV Prevention Section Staff

Sally Klein, Supervisor; Linda Frahm, Contributing Editor; Bruce Desonia, Terry Peterson, Joe Merrifield, Claudia Montagne, Helen McCaffrey, Theresa Gruby and Kathy Cook.

CDC Fears Reversal of Positive Trends Among Gay and Bisexual Men

There has been a lot of good news to report lately about HIV and AIDS. Deaths associated with HIV and AIDS have declined 23% between 1995 and 1996 and incidence (or newly diagnosed AIDS cases in people over age 12) have declined 6%. These declines reflect recent advances in the treatment of HIV infection and the success of HIV prevention efforts. As our ability to treat HIV infection has advanced, reports of AIDS cases have become less indicative of recent trends in the epidemic. CDC is taking steps to improve the nation's ability to monitor recent HIV infections by working with state and local health departments to implement more widespread HIV reporting.

One of the surrogate markers that has proven useful over the years in predicting HIV infection trends is information about new cases of other sexually transmitted diseases (STDs) such as gonorrhea. Gonorrhea trends may reflect changes in sexaul behaviors which also influence risk for HIV infection. Infection with other STDs, including gonorrhea, increases risk of new HIV infections at least 2 to 5 fold. This is because STDs increase both HIV susceptibility in HIV negative people and HIV infectiousness in HIV positive people. Among HIV negative men, rectal gonorrhea can increase risk of becoming infected with HIV 3 fold. Among HIV positive men, urethral gonorrhea can at least double the frequency of HIV shedding and can increase the concentration of HIV shed by as much as 10 fold, thereby substantially increasing infectiousness.

Already present STDs increase risk of new HIV infections at least 2 to 5 fold.

Despite a continuing overall decline in rates of gonorrhea in the U.S., the trend among men who have sex with men (MSM) may be reversing. Survey data indicate that the proportion of MSM diagnosed with gonorrhea has increased in STD clinics in several large U.S. cities. Between 1993 and 1996, the proportion increased sharply across the country. In Seattle and Portland, 25% of MSM with gonorrhea were also infected with HIV.

This new information should serve as a wake up call to all populations at risk, including the gay community, that high risk sexual behaviors continue to have very real consequences. We just all continue to focus on HIV prevention effort to achieve safer sexaul behaviors and promote early detection and treatment of HIV. Several recent studies have documented relapses in high risk sexaul behavior among MSM. In addition, there have been anecdotal reports—and some very recent studies suggest—that some gay men may not be taking the threat of AIDS as seriously as they once did.

In addition, these data serve to highlight the need for more widespread early detection and treatment of other STDs, including gonorrhea. STD testing and treatment should be considered important HIV prevention tools. Since STDs are often asymptomatic in men, as well as in women, routine testing for these infections is important even in the absence of symptoms. Providers of health care should routinely screen for gonorrhea in MSM and reinforce safer sex messages.

CDC encourages the populations at risk and organizations that serve them to deliver two very basic, yet vital, prevention messages: "Maintaining safer sex practices is as important today as it ever was. In addition, all gay men who may be at risk should be tested for STDs, including gonorrhea. If infected, they should be treated to lower the risk of becoming infected with HIV or infecting others."

For more information, contact Tammy Nunnally at the CDC (404)639-8895.

Condensed from MMWR article, 9/26/97 and CDC Statement, 923/97.

Doctors Don't Ask—Women Don't Tell:
New Survey Finds STDs are Rarely Discussed

At least 1 in 4 Americans are expected to get a sexually transmitted disease (STD) in their lifetime. Yet, the Montana Dept. of Public Health & Human Services (DPHHS) reports that many women may not be adequately counseled or screened for even the most common STDs. A national survey conducted by the Kaiser Family Foundation and *Glamour* magazine reveals that medical providers are not talking to their female patients about the single most serious threat to a young woman's reproductive health—STDs.

The first visit: The Silence on STDs

Percent of women ages 18-44 who said their health providers raised the following topics at a first visit for reproductive or prenatal care:

Breast Self-Exam	69%
Pap Smear	60%
Current Sexual Activity	36%
Mammograms	34%
Birth Control	33%
Alcohol Use	24%
HIV/AIDS	19%
STDs other than HIV/AIDS	12%

Dr. Michael Spence, Medical Officer for DPHHS said, "Many health providers don't ask and women don't tell when it comes to STDs. The end result is dangerous because both the health provider and the woman are unable to address the STD risks. If this continues, I am afraid that we will revert back to where we were prior to the major STD epidemic of the 1970's." The American College of Obstetricians and Gynecologist (ACOG), the Centers for Disease Control and Prevention (CDC) and the Institute of Medicine says that the threat is so serious that health care providers should make counseling and testing for STDs a part of their basic routine. A woman can have a silent STD from a relationship that ended years earlier.

This is especially frightening because women are disproportionately affected by STDs. Women account for more than half of the 4 million new cases of chlamydia that occur each year in this country. They are much more likely than men to acquire an STD after a single act of unprotected sex; to have silent or symptomless infections; and to suffer the long term health consequences such as infertility, cancer and ectopic pregnancies. Women with an STD are 10-50 times more susceptible to infection with HIV.

Over 60% of diseases reported to DPHHS each year are STDs, making them the most frequently reported diseases in Montana. To help health providers, the DPHHS Family Planning section has developed a series of questions to ask women about STDs. These questions, created with the help of local women, are being piloted a local family planning clinics across the state. 83% of surveyed women said that STDs should be discussed when seeing a health provider, yet only 1 in 10 stated that the subject had been brought up by their health provider.

Many women underestimate their risk of getting an STD. Helping medical or health care providers to identify women who may be at risk for an STD is the first step to appropriate screening and treatment. Montana has 22 STD clinics throughout the state where women and men can receive affordable STD counseling and testing. For more information, call the STD/HIV InfoLine at 800-233-6668, or your local health department.

This article was adapted from "How OB/GYNs are Failing Women," Glamour and Kaiser Family Foundation, 10/97.

Changes in the AIDS Prevention Act

by Jim Murphy

Revisions to the AIDS Prevention Act (MT Codes Annotated 50-16 part 10) enacted by the 96-97 legislature became effective October 1, 1997. The act, in place since 1989 and periodically revised, details the procedures that must occur before a health care provider or insurance company orders an HIV test on a patient. The intent of the act is to encourage testing of individuals at risk for HIV infection and to provide education for those seeking to be tested.

The revisions to the act included eliminating the requirement that informed consent of the test subject be obtained in writing before ordering an HIV test and the addition of language clarifying the intent of the legislature with regards to follow up of patients testing HIV positive. Aside from these revisions, discussed in detail below, other provisions of the act were unchanged. As a result, pre-test and post-test counseling and other requirements of the act are unchanged.

Informed Consent: With the exception of tests performed for insurance purposes, written informed consent no longer needs to be obtained prior to ordering an HIV test. However, obtaining specific oral informed consent before testing is still required and must be sought unless an exception allowed by the law exists. DPHHS will continue to require state contracted HIV prevention sites to obtain written informed consent and encourages providers in other settings to document the testing process. Such documentation helps protect both the patient and the provider by ensuring that testing was performed with the knowledge of the patient and that proper procedures were followed.

Treating HIV as a Communicable Disease: The second major change was the addition of language clarifying the legislatures intent with regards to HIV testing as well as directing DPHHS to develop rules that would treat HIV in the same manner as other communicable diseases. The new language does not require the identities of individuals testing positive to be reported and allows DPHHS to continue to offer anonymous testing.

Administrative rules are currently under development and copies will be distributed to interested parties for comments when available. The rules will formalize DPHSS policy ensuring that each individual testing positive for HIV is evaluated for an AIDS diagnosis, given information and referrals for medical care and interviewed so others at risk can be contact and offered testing . For a copy of the revised law or to be placed on the distribution list to receive a draft of the administrative rules call 444-0273.

Does Your Doctor Measure Up?

You know you want a state of the art risk assessment for STDs. You will know you are getting it if your doctor :

- —— Asks you to fill out a medical history form that includes specific questions about your sexual behavior.
- —— Discusses your individual risk factors.
- —— Offers STD testing.
- —— Tells you the information you provide will be kept confidential.
- —— Appears comfortable and puts you at ease, professional and nonjudgemental.
- —— Asks you if you have any questions.
- —— Sums up the discussion, outlines what you need to do to preserve your reproductive health and solicits your feedback.

Condensed from "How ob-gyns are Failing Women," Glamour, 1/97, p 295.

Montana Statewide AIDS Network

The Montana Statewide AIDS Network (MT SWAN) is supported by a grant from the American Red Cross and the CDC. The goal of MT SWAN is to form a coalition with the American Red Cross Chapters, DPHHS, the Office of Public Instruction (OPI), Indian Health Services (IHS), AIDS service organizations and the interested general public. The coalition seeks to improve the quality and availability of HIV/AIDS education throughout Montana by fostering cooperation, encouraging the sharing of resources and promoting standards of excellence for HIV education as stated in the aims of the Red Cross. These aims are:

* to provide effective community education about prevention and transmission of HIV,
* to encourage people to apply the facts about HIV/AIDS to their own behavior and,
* to demonstrate and teach compassion and humanity twoard individuals with HIV and their families.

MT S.W.A.N. will contribute quarterly to our newsletter, to assure that readers know what's happening in the organization.

The mission of the Five Rivers Chapter of the American Red Cross, as lead unit for HIV/AIDS in the state of Montana, is to establish and promote a statewide network to implement and expand the aims mentioned above. MT SWAN is commited to the the belief that comprehensive HIV/AIDS education is a right and that we all have the responsibility to make that education available to all Montanans. We believe that HIV/AIDS education should include information and development of skills that empower individuals and groups to make decisions which promote health and wellness, through the prevention of HIV infection. MT SWAN, through education, fosters understanding, awareness and compassion for people infected and affected by HIV/AIDS.

Towards that goal, MT SWAN is available to enhance and help agencies and organizations with, in collaboration and cooperation, presenting HIV/AIDS information, and/or providing age and learning level appropriate materials. The Red Cross programs teach and individuals to present information and facilitate discussions about HIV in the community, based upon facts and presented in a culturally sensitive and non-judgemental manner.

For further information, contact your local Red Cross or call 587-4611.

—Ellen Noble, MT SWAN

A Fond Farewell...

As some of you know, I am leaving my position Oct. 14th. I will be working to earn my Masters of Social Work degree in Missoula.

A warm thank you to all of you who so kindly helped me along the way, encouraged the changes that I made to this newsletter and supported me in my HIV prevention work. I won't soon forget... Linda

Montana AIDS Cases as of September 30, 1997

(Acquired Immunodeficiency Syndrome)

Montana AIDS Case Totals

Total AIDS Cases Reported in Montana since 1985: 361
Males: 329 Females: 32
Total AIDS Deaths Reported in Montana since 1985: 211
AIDS Cases Reported During 1997 as of Sept. 30, 1997: 31

39 of Montana's 56 counties have reported at least one AIDS case.

By Age

AGE GROUP	NO.	PERCENTAGE
Under 5	4	1%
5-12	0	0%
13-19	2	1%
20-29	81	22%
30-39	170	47%
40-49	67	19%
Over 49	37	10%
TOTAL	**361**	**100%**

By Ethnicity

318 of Caucasian descent (88%).
24 of Native American descent (7%).
9 of African-American descent (2%).
10 of Hispanic descent (3%).
361 TOTAL

By Reported Transmission Mode

208	Men who have sex with men (MSM) (58%).
35	MSM who use injection drugs (MSM-IDU) (10%).
39	Injection drug users (11%).
10	Hemophiliacs (3%).
29	Heterosexual Sexual Contact (8%).
9	Blood/Blood Product Recipients (3%).
4	Pediatric (Children born to mothers with HIV)
27	None of the above/Other (8%). (indicates that no followup could be done or that
TOTAL 361	no risk was documented.)

As of Sept 30, 1997 there have been 557 positive HIV tests from 105,567 tests conducted through the DPHHS Public Health Laboratory since 1985. There have been 27new HIV + tests so far in 1997. Due to anonymous HIV testing, the cumulative number of HIV + tests may contain duplicates. The number of HIV+ has been corrected from the March, 1997 report.

Nationally, as of Aug. 31, 1997, the number of AIDS cases reported to the CDC are 621,329.

Other Sexually Transmitted Diseases

The year end totals for S.T.D.s reported in Montana are as follows:

	CHLAMYDIA	SYPHILIS	GONORRHEA
1997 to 6/30	601	2	27
1996	1,219	4	38
1995	1,220	19	69

Source: Terry Peterson

Source: MT DPHHS. Please contact Jim Murphy at 444-0274 if you have questions, need more details or wish to make a disease report.

Did you know.....?

- ❑ *That AIDS is the sixth leading cause of death among teens and young adults 16 to 24 years old?*

- ❑ *That you can have a sexually transmitted disease but not experience any symptoms? Yes, you can infect others. Get tested and treated!*

- ❑ *That Hepatitis B is 100 times easier to get than HIV? Have you been vaccinated?*

HIV Counseling & Testing News

Client-centered HIV Prevention Counseling Courses sponsored by DPHHS are designed for those persons who are doing, or are planning to do, HIV Prevention counseling and testing. Specifically, the course is designed to develop counselor's client-centered communication and counseling skills as applied to the five major prevention counseling tasks. These skill applications include:

1. improving the client's self-perception of risk;
2. supporting behavior changes already attempted;
3. negotiating a risk-reduction plan;
4. supporting decision-making about the antibody test; and
5. helping clients who test to deal with the results.

During the remainder of 1997, three courses will be held: Crow Agency on October 21 & 22; Missoula on November 13 & 14; and Warm Springs on November 24 & 25.

For more information or registration forms, please contact Claudia Montagne at 444-3566 or the STD/HIV Section through the STD/HIV InfoLine at 1-800-233-6668.

To change your address...make a comment or suggestion...Just Email us! You can reach any STD/HIV staff person by email by writing their first initial and last name@mt.gov through email, or by calling 444-3565.

We love to hear from you!

The Montana Dept. of Public Health & Human Services attempts to provide reasonable accomodations for any known disability that may interfere with a person participating in any service, program or activity of the department. Alternative accessible formats of this document will be provided upon request. For more information, call (406)444-3565 or 1-800-233-6668.

900 copies of this public document were published at an estimated cost of .86 per copy, for a total estimated cost of $850. which includes $700 for printing and $150 for distribution. Funded 100% with federal dollars provided through the Centers for Disease Control & Prevention (CDC).

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World AIDS Day—December 1, 1998